| STATE OF INDIANA                                                        | )<br>) SS:<br>) | BEFORE THE INDIANA                               |  |
|-------------------------------------------------------------------------|-----------------|--------------------------------------------------|--|
| COUNTY OF MARION                                                        |                 | COMMISSIONER OF INSURANCE                        |  |
| •                                                                       |                 | CAUSE NUMBER: 7807-AG09-0202-020                 |  |
| IN THE MATTER OF:                                                       |                 | •                                                |  |
| David Reasons Agent / Respondent                                        |                 |                                                  |  |
| 349 Cassin Rd. Naperville, IL 60565  Type of Agency Action: Enforcement | ıt              | MAR 09 2009  STATE OF INDIANA DEPT. OF INSURANCE |  |
| Indiana Insurance License No.: 524                                      | 097             | <del>}</del> .                                   |  |

## FINAL ORDER AND APPROVAL

The Indiana Department of Insurance ("Department") and David Reasons ("Respondent"), a licensed non-resident Indiana Insurance producer, signed an Agreed Entry which purports to resolve all issues involved in the action by the Department regarding Respondent's license, and which has been submitted to the Commissioner of Insurance (the "Commissioner") for approval. (See Exhibit 'A' attached hereto)

The Commissioner, after reviewing the Agreed Entry, finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Commissioner hereby incorporates the Agreed Entry as if fully set forth herein, and approves and adopts in full the Agreed Entry as a resolution of this matter.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Commissioner of Insurance:

1. Respondent shall pay an administrative fine in the amount of five hundred dollars (\$500.00), payable within sixty (60) days from the date this Final Order is filed.

- 2. Respondent, if Respondent has not already done so, shall file a corrected semiannual tax report for January through June 2008 within ten (10) days from the date this Final Order is filed.
- The Department shall accept Respondent's compliance with the terms of this 3. Final Order as full resolution of this matter.

ALL OF WHICH IS ORDERED this 9 day of 1009.

James Atterholt, Commissioner Indiana Department of Insurance

Distribution:

Laura Willett INDIANA DEPARTMENT OF INSURANCE 311 West Washington Street, Suite 300 Indianapolis, Indiana 46204-2787

**David Reasons** 394 Cassin Rd. Naperville, IL 60565

| STATE OF INDIANA ) SS:                | BEFORE THE INDIANA  COMMISSIONER OF INSURANCE |  |
|---------------------------------------|-----------------------------------------------|--|
| COUNTY OF MARION )                    |                                               |  |
|                                       | CAUSE NUMBER: 7807-AG09-0202-020              |  |
| IN THE MATTER OF:                     |                                               |  |
| David Reasons Agent / Respondent      |                                               |  |
| 349 Cassin Rd.                        |                                               |  |
| Naperville, IL 60565                  | MAR 0 9 2009                                  |  |
| Type of Agency Action: Enforcement    | STATE OF INDIANA                              |  |
| Indiana Insurance License No.: 524097 | DEPT. OF INSURANCE                            |  |

## AGREED ENTRY

This Agreed Entry is entered into by Laura A. W. Levenhagen, attorney for and on behalf of the State of Indiana, Department of Insurance ("Department"), and David Reasons ("Respondent"), a licensed Indiana non-resident insurance producer holding license number - 524097, to resolve all matters in the above referenced administrative action. This Agreed Entry is subject to the review and approval of James Atterholt, Commissioner for the Indiana Department of Insurance.

WHEREAS, Respondent is a licensed non-resident insurance producer holding license number 524097.

WHEREAS, Respondent has been qualified as a surplus lines producer in accordance with and as defined under Indiana Code Section 27-1-15.8 *et seq* and is therefore bound by all requirements and restrictions contained therein.



WHEREAS, pursuant to Indiana Code 27-1-15.8-4(c) Respondent was required to file a semi-annual tax report for January through June 2008 on of before August 1, 2008.

WHEREAS, Respondent file the above referenced tax report with incorrect information and failed to correct the report by the specified deadline in violation of Indiana Code 27-1-15.8-4(c).

WHEREAS, the Department and Respondent desire to resolve their differences and settle the issues without the necessity of a hearing;

IT IS THEREFORE, NOW AGREED by and between the parties as follows:

- 1. The Commissioner has jurisdiction over the subject matter and the Respondent in this administrative action.
- 2. This Agreed Entry is executed voluntarily by the parties. Respondent voluntarily and freely waives the right to a public hearing on this matter.
- 3. Respondent voluntarily and freely waives the right to petition for judicial review of this agreement and the Commissioner's Final Order.
- 4. Respondent agrees to pay an administrative fine in the amount of five hundred dollars (\$500.00), payable within sixty (60) days from the date the Commission files the Final Order in this matter.
- 5. Respondent agrees, if Respondent has not already done so, to file a corrected semi-annual tax report for January through June 2008 within ten (10) days from the date the Commission files the Final Order in this matter.
- 6. The Department agrees to accept Respondent's compliance with the terms of this Agreed Entry as full resolution of this matter.

- 7. Respondent is aware that his failure to comply with any terms of this agreement will result in the matter being set for hearing.
- 8. Respondent has carefully read this agreement and fully understands and accepts its terms.

Laura A.W. Levenhagen, Enforcement Attorney

Indiana Department of Insurance

David Reasons, Respondent

| STATE OF THINOIS  COUNTY OF COCK  ) SS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COUNTY OF COCK ) SS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Before me a Notary Public for County, State of |
| the facts alleged in the foregoing instrument are true. Signed and sealed this 2 day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| of March 2009.  Spende M. Espinosa  Notary Signature  Notary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name Printed Notary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| My Commission expires: $\frac{\text{JAN 16, 3013}}{\text{O}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| County of Residence:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| OFFICIAL SEAL LINDA M ESPINOSA NOTARIZED document to: NOTARY PUBLIC - STATE OF ILLINOIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

INDIANA DEPARTMENT OF INSURANCE Enforcement Division Suite 300 311 West Washington Street Indianapolis, IN 46204-2787 317/233-4243 - telephone 317/232-5251 - facsimile